

ISSUE SLIP STAMP AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OLPE CLASSIFIER	ma		10-11-01
FORMALITY REVIEW	SL	481	10/24/01
RESPONSE FORMALITY REVIEW	766		4/13/02

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 (Through summary) _____ Cancelled
 + _____ Restricted
 H _____ Not elected
 I _____ Information
 A _____ Appeal
 O _____ Opposed

Claim No.	Date	
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If more than 150 claims or 10 actions
 staple additional sheet here

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BEST AVAILABLE COPY

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 1/24/01